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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/529,122</td> </tr> <tr> <td>Filing Date</td> <td>September 29, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Charles R. CANTOR</td> </tr> <tr> <td>Title</td> <td>NUCLEIC ACID SUPPORTED PROTEIN COMPLEMENTATION</td> </tr> <tr> <td>Art Unit</td> <td>1637</td> </tr> <tr> <td>Examiner Name</td> <td>K. Horlick</td> </tr> <tr> <td>Attorney Docket No.</td> <td>632852000100</td> </tr> </table>	Application Number	10/529,122	Filing Date	September 29, 2005	First Named Inventor	Charles R. CANTOR	Title	NUCLEIC ACID SUPPORTED PROTEIN COMPLEMENTATION	Art Unit	1637	Examiner Name	K. Horlick	Attorney Docket No.	632852000100
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Examiner Name	K. Horlick														
Attorney Docket No.	632852000100														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25226

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☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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☒ The address associated with the above-mentioned Customer Number:  
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☐ The address associated with Customer Number:

**OR**

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City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
	4/9/09
Name	Telephone
Martin J. Howard	
Title and Company	
Treasurer, Trustees of Boston University	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.